Accurate biometrics
Live Scan Fingerprinting & Identity Services

Phone: 773-685-5699
Fax: 773-685-5433
www.accuratebiometrics.com

Medical Cannabis

Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: _____First Name: _____MI__

Address: _____City:_____

State: _____ Zip Code: _____

Date of Birth: ____/_____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Place of Birth: (State or Country if outside USA):_____

Check Appropriate Box Below

	Patient	IL920709Z
	Caregiver	IL920709Z
	Dispensing Organization/Agent	IL920711Z
	Cultivation Center/Agent	IL920710Z

Referred by: _____
(Name of Doctor or Medical Group)

_____(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY_____

TCN#_____ Date Printed_____